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## COB Claim Submission on the GHP Web Portal

For UB04 Institutional Claims

WPCOBUB200-09

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Welcome to the WebEx training for COB Claim Submission on the GHP Web Portal for UB04 Institutional Claims. The pre-requisite for this course is:

1. You must have taken the UB04 Claim submission course.
2. You must work in an institutional facility setting.
3. All must be registered users

## Learning Objectives

- ☐ Access a UB04 institutional claim from the Web.
- ☐ Add the Institutional Claim Data A to the UB04.
- ☐ Add the information from the EOB to the UB04.
- ☐ Add the Diagnosis and Occurrence Codes to the Claim Data B on UB04.
- ☐ Add Insurance Data to UB04.
- ☐ Add Line Item Data to UB04.
- ☐ Submit your completed UB04 with COB information via Web.

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## Topic of Discussion

- ☐ UB04 Institutional Claim
- ☐ Claim Data A Tab
- ☐ Claim Supplemental Insurance Info (EOB)
- ☐ Claim Data B Tab
- ☐ Insurance Data Tab
- ☐ Line Item Data Tab

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## Information Required

Obtain the information to be entered on the claim.

- ☐ The explanation of benefits (EOB) for the adjustment reason codes
- ☐ The COB payer identifier (Carrier Code)

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# UB04 Institutional Claims on the Web Portal

**UB04 Institutional**

**Enter a Claim**  
Select the type of claim you would like to enter for processing. Once the claim is submitted, you will receive immediate information regarding the claim status and anticipated payment amount.  
[CMS-1500 Professional](#)  
[UB04 Institutional](#)  
[CERF](#)

**Prior Authorization / Pre-Certification**  
**Prior Authorization / Pre-Certification**  
To request a Prior Authorization (PA) or check the status of an existing PA, please select the appropriate link provided below:  
[View Prior Authorization Request Requirement Status](#)  
[Request a Prior Authorization](#)  
[Request a Pre-Certification](#)  
[Request a Pre-Certification](#)

**Payment History**  
**Payment History**  
View the payments you received within the last six months.  
[View Payment History](#)

**Edit and Resubmit a Claim**  
**Edit and Resubmit a Claim**  
Make changes to a previously submitted claim.  
[Edit and Resubmit a Claim](#)

**Void a Claim**  
**Void a Claim**  
Void a paid or to-be-paid claim.  
[Void a Claim](#)

**Submit Batch File**  
**Submit Batch File**  
Submit a HIPAA-formatted batch file for processing. Batches may be submitted for claims, eligibility, or any type of the formatted per HIPAA specifications.  
[Submit a Batch](#)

**View a Claim**  
**View a Claim**  
Check the status of a previously submitted claim using the Transaction Control Number, bill type, or a claim service date range.  
[View Claim Status](#)

**Procedure Code Lookup**  
**Procedure Code Lookup**  
Find the detailed description for a procedure code, including gender age, and prior authorization information.  
[View Procedure Code Information](#)

**Adjust a Claim**  
**Adjust a Claim**  
Adjust a paid or to-be-paid claim.  
[Adjust a Claim](#)

**Exception Code Lookup**  
**Exception Code Lookup**  
Find the detailed description for an exception code associated with a processed claim.  
[View Exception Code Information](#)

Under enter a claim, click **UB04 Institutional**.

# Claim Data A

**Claim Data A** | Claim Data B | Insurance Data | Line Item Data

[Instructions](#)  
[Medicare Cross-over Instructions](#)

**Member Information**

Member ID:  Patient Account Number: J019887355 02 1 Date of Birth: mm/dd/yyyy  Gender: ☐ Female  
Last Name:  First Name:  MI:  Suffix:  ☐ Male  
Medical Record Number:  ☐ Unknown

**Institutional Claim Data**

Billing Provider ID:  Other Provider ID:  [Add Additional Detail to Institutional Claim Data](#)

Attending Provider ID:

Bill Type: 13 Outpatient Hospital Type of Admit: 1 Emergency

Type of Bill: 1 Admit Through Discharge Claim Admit Hour: 14

Admit/Start of Care: mm/dd/yyyy 03/09/2007 Discharge Hour: 13:00 PM

Source of Admit: 1 Phys Referral/Normal Delivery From Date of Service: mm/dd/yyyy 03/09/2007

Through Date of Service: mm/dd/yyyy 03/09/2007

Patient Amount Paid: 0.00 Patient Status: 01 Disch to Home or Set Care

Covered Days: 0 Signature on File: ☐ Yes ☐ No

Non-Covered Days: 0

Co-Insurance Days: 0

Lifetime Reserve Days: 0

\*denotes required field Previous 1 2 3 4 Next

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Slide 6

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From the Claim Supplemental Information page:

1. Review information.
2. Enter any required fields needing changes.
3. Click **Next**.

# Claim Data B Tab: Diagnosis and Occurrence Codes

Claim Data A
Claim Data B
Insurance Data
Line Item Data

[Inst](#)  
[Medicare Crossover Instr](#)

### Diagnosis Codes

\* Admitting Diagnosis Code: 789.09
\* Principal Diagnosis Code: 789.09
E-Code:

| Additional Diagnosis Code | Action                 |
|---------------------------|------------------------|
|                           | <a href="#">Add</a>    |
| 646.63                    | <a href="#">Remove</a> |
| 599.0                     | <a href="#">Remove</a> |

### Occurrence Codes

| Span Code | From Date<br>mm/dd/yyyy | Through Date<br>mm/dd/yyyy | Action              |
|-----------|-------------------------|----------------------------|---------------------|
|           |                         |                            | <a href="#">Add</a> |

| Occurrence Code | Date<br>mm/dd/yyyy | Action                 |
|-----------------|--------------------|------------------------|
|                 |                    | <a href="#">Add</a>    |
| 11              | 03/09/2007         | <a href="#">Remove</a> |

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Enter all required fields:

- Admitting Diagnosis Code
- Principal Diagnosis Code
- Any Additional Diagnosis Code
- Occurrence Codes
- Occurrence Code Date

## Claim Data B Tab: Diagnosis and Occurrence Codes (continued)

**Condition Codes**

| Condition Code       | Action              |
|----------------------|---------------------|
| <input type="text"/> | <a href="#">Add</a> |

**Value Codes**

| Value Code | Amount | Action              |
|------------|--------|---------------------|
| 81         | 0.00   | <a href="#">Add</a> |

**Treatment Authorization**

Prior Authorization Number:  Referral Number:

**Surgical Procedure Codes**

| Principal Surgical Procedure Code | Date mm/dd/yyyy      |
|-----------------------------------|----------------------|
| <input type="text"/>              | <input type="text"/> |

| Other Surgical Procedure Code | Date mm/dd/yyyy      | Action              |
|-------------------------------|----------------------|---------------------|
| <input type="text"/>          | <input type="text"/> | <a href="#">Add</a> |

[Cancel](#)

[Next](#)

\* denotes required field [Previous](#) 1 2 3 4 Next

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Slide 8

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1. Enter all required fields on your claim.
2. Click **Next** for Insurance Data.



# Insurance Data Tab

The screenshot shows a web application interface for entering insurance data. The top navigation bar includes links for Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. Below this is a search bar and a breadcrumb trail: Medicaid - PeachCare for Kids. The main content area has tabs for Claim Data A, Claim Data B, Insurance Data (selected), and Line Item Data. A message states: "You must click the 'Add Insurance Data' button for every payer you enter before you move to the next page, or information will be lost." The Insurance Information section contains fields for Insurance Company Name (COB), Insurance Group or Policy Number, Insured's Last Name (Quley), Insured's First Name (Jay), Insured's Group Name, Attending Provider Number, Amount Paid (-3 105.00), Date Insurance Paid or Denied (12/01/2008), Authorization Number, and Individual Relationship Code (18 Self). A callout box labeled "Add Additional Detail to Payer" points to a button in the top right corner. At the bottom, there is a "Payer View Area" and a "Cancel" button. The footer includes "Equalized | Copyright | Privacy Statement | Terms of Use | Accessibility Compliance" and the ACS logo with the tagline "expertise in action".

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1. Enter all required fields:
  - **Insurance Company Name**
  - **Insurance Group or Policy Number**
  - **Insured's Last and First Name**
  - **Amount Paid**
  - **Date Insurance Paid or Denied**
  - **Individual Relationship Code**
  - If applicable, **Authorization Number**

2. Click the **Add Additional Detail to Payer.**

## Important

You must click **Add Insurance Data** button for every payer you enter before you move the next page.

## Other Payer Data

**Other Payer Data**

**Payer**

Other Payer Primary Identifier:

Benefits Assignment Certification Indication : ☒ Yes ☐ No

**Patient**

Other Payer Patient Primary Identifier:

Other Payer Patient Member ID Number :

Other Payer Patient Insurance Policy Number:

Other Payer Patient SSN:

Release of Information Code :

[Back](#) [Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#)

**Add to Claim and  
Return to Detail Menu**

1 action\*



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This is an additional claim data entry page:

1. Enter the **Other Payer Primary Identifier** field with the payer identifier information found on your COB Carrier Listing.
2. Click **Add to Claim and Return to Detail Menu**.

## Insurance Data Tab (continued)

[Claim Data A](#) [Claim Data B](#) [Insurance Data](#) [Line Item Data](#)

### Insurance Information Additional Detail Categories



These are the additional HIPAA data content fields that you may need to enter as part of your UB92/Institutional Claim.

- [Other Payer Data](#)
- [Claim Level Adjustments and Coordination of Benefits Data](#)
- [Other Subscriber Data](#)
- [Other Payer Inpatient/Outpatient Adjudication Data](#)

[Back to Insurance Data](#)

**Claim Level Adjustments and Coordination of Benefits Data**

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Click **Claim Level Adjustments and Coordination of Benefits Data.**

# Claim Level Adjustments and Coordination of Benefits Data

**Claim Level Adjustments and Coordination of Benefits Data**

COB Total Submitted Charge Amount : \$ 4360.00      COB Total Allowed Amount : \$ 4360.00

Total Medicare Paid Amount : \$      Claim DRG Outlier Amount : \$

Medicare Paid at 100% Amount : \$      Medicare Paid at 80% Amount : \$

COB Medicare A Trust Fund Paid Amount : \$      COB Medicare B Trust Fund Paid Amount : \$

COB Total Denied Charge Amount : \$      COB Non-Covered Charge Amount : \$

| Claim Adjustment Group Code   | Adjustment Reason Code        | Adjustment Amount \$             | Adjustment Quantity           | Action                 |
|-------------------------------|-------------------------------|----------------------------------|-------------------------------|------------------------|
| <input type="text" value=""/> | <input type="text" value=""/> | \$ <input type="text" value=""/> | <input type="text" value=""/> | <a href="#">Add</a>    |
| Patient Responsibility        | 2                             | \$ 1819.00                       |                               | <a href="#">Remove</a> |

[Back](#)    [Add to Claim and Return to Detail Menu](#)    [Add to Claim and Return to Claim Entry](#)

**Add to Claim and Return to Detail Menu**

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Enter all required fields or appropriate Claim Level Adjustments and Coordination of Benefits Data.

- **COB Total Submitted Charge Amount:** This amount is the Total Claim Level Submitted Charges for this claim to another payer.
- **COB Total Allowed Amount:** This is the Total Amount Allowed for this claim by another payer.
- **Claim Adjustment Group Code:** Required code that describes the general category of the payment adjustment.
- **Adjustment Reason Code:** Required Code that describes the detailed reason the adjustment was made. (From Other Insurance Remittance).
- **Adjustment Amount:** This is the total adjusted amount for this Claim Adjustment Group Code and Adjustment Reason Code at the claim level as provider by the other payer.

Click **Add**.


**Important:**

1. Complete the previous steps to enter additional adjustments
2. Then Click **Add to Claim and Return to Detail Menu**.

## Insurance Data Tab (continued)

[Claim Data A](#) [Claim Data B](#) [Insurance Data](#) [Line Item Data](#)

### Insurance Information Additional Detail Categories



These are the additional HIPAA data content fields that you may need to enter as part of your UB92/Institutional Claim.

- [Other Payer Data](#)
- [Claim Level Adjustments and Coordination of Benefits Data](#)
- [Other Subscriber Data](#)
- [Other Payer Inpatient/Outpatient Adjudication Data](#)

[Back to Insurance Data](#)

**Other  
Subscriber Data**

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Click **Other Subscriber Data**.

## Insurance Data Tab: Other Subscriber Data

Georgia Health Partnership

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search [Search] Medicaid - PeachCare for Kids

Return to: Claim

Claim Data A Claim Data B Insurance Data Line Item Data

Other Subscriber Data

Payer Responsibility: P Primary

Sequence Number Code: C1 Commercial Insurance Co.

Other Insured Identifier: [Field]

Other Insured Date of Birth: 12/02/1995

Other Insured Gender Code: ☐ Male ☐ Female ☐ Other

Subscriber Address 1: [Field]

Subscriber Address 2: [Field]

City: [Field] State: GA ZIP Code: [Field] Country: [Field]

[Back](#) [Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#) \*denotes required field

**Add to Claim and  
Return to Claim Entry**

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Enter required fields from the other subscriber data:

- **Payer Responsibility Sequence Number Code**
- **Claim Filing Indicator Code**
- **Other Insured Date of Birth**

Click **Add to Claim and Return to Claim Entry.**

## Insurance Data Tab: Insurance Information

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search Search Medicaid - PeachCare for Kids Return to: Claims >

Claim Data A Claim Data B Insurance Data Line Item Data

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

**Insurance Information**

Insurance Company Name: COB Insured's Group Name:   
 Insurance Group or Policy Number: Attending Provider Number:   
 Insured's Last Name: Buley Insured's First Name: Jay Insured's Middle Initial: Insured's Suffix:   
 Amount Paid: \$ 105.00 Date Insurance Paid or Denied: 12/21/2008   
 Authorization Number:   
 Individual Relationship Code: 18 Self

Cancel Add Insurance Data

**Payer View Area**

**Add Insurance Data**

Previous 1 2 3 4 Next

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1. Review all fields:

- **Insurance Company Name**
- **Insured's First and Last Name**
- **Amount Paid**
- **Insured Relationship Code**

2. Click **Add Insurance Data**. (This is a required step.)

### Important

You must click **Add Insurance Data** button for every payer you enter before you move the next page.

## Insurance Data Tab: Payer View Area

Georgia Health Partnership

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search [search] [GO] Medicaid - PeachCare for Kids

Return to: Claims

Claims Data A Claims Data B Insurance Data Line Item Data

You must click the "Add Insurance Data" button for every payer you enter before you move to the next page, or the payer information will be lost.

Insurance Information

Insurance Company Name: [text box] Insured's Group Name: [text box]

Insurance Group or Policy Number: [text box] Attending Provider Number: [text box]

Insured's Last Name: [text box] Insured's First Name: [text box] MI: [text box] Suffix: [text box]

Amount Paid: \$ [text box] Date Insurance Paid or Denied: [text box]

Authorization Number: [text box]

Individual Relationship Code: [text box]

Cancel Add Insurance Data

\*records required daily Previous 1 2 3 4 Next

Payer View Area

DOB: [text box]

Attending Provider Number: [text box] Insured's Group Name: [text box]

Insured's Last Name: [text box] Insured's First Name: [text box] MI: [text box] Suffix: [text box]

Authorization Number: [text box] Date Insurance Paid or Denied: 12/01/2008

Next

Review Payer View Area

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1. Review the **Payer View Area** information.
2. Apply changes if information is inaccurate.
3. Click **Next**.



## Line Item Data Tab

Claim Data A Claim Data B Insurance Data **Line Item Data**

You must click the "Add Line Item" button for every line you enter before you move to the next page.

**Line Item Data**

If you have NDC Info, click **Add Additional Detail**

\*Revenue Code: 636 \*Units of Service: 2

Procedure Code: First Date of Service: 03/01/2007

Modifier 1: Through Date of Service: 03/01/2007

Modifier 2: Non-Covered Charges: \$

Modifier 3: Accommodation Rate: \$

Modifier 4: \*Charges: \$ 86.00

Cancel Add Line Item

Otherwise, click **Add Line Item**

\* denotes required field

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1. Enter all required fields:

- **Revenue Code**
- **Units of Service**
- **From and Through dates of service**
- **Charge Amount**

2. Click **Add Line Item** button if no NDC information needs to be added.

## Instructions to Enter Injectable Drugs/NDC

Continue to Slide 26 if you are not entering Injectable Drugs/NDC.

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Slide 18

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If you need to enter an NDC on the line item, follow the instructions on Slide 24 – 25.

## Entering An NDC Number

Claim Data A

Claim Data B

Insurance Data

Line Item Data

### Additional Line Detail Menu



These are the additional HIPAA data content fields that you may need to enter for your UB92/Institutional Claim.

[Product / Service ID and Drug Data](#)

[Other Payer Line Adjudication and Service Adjustment](#)

[≤ Back to Line Item Data](#)

**Product / Service ID  
and Drug Data**

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For the **Additional Line Detail Menu**, click **Product/Service ID and Drug Data**.

## Entering An NDC Number (continued)

Claim Data A Claim Data B Insurance Data **Line Item Data**

**Product / Service ID and Drug Data**

**Product/Service ID Qualifier**

\*Units or Basis for Measurements: UN Unit

Service/Sales Tax Amount: \$ Facility Tax Amount: \$

**Drug Data**

| National Drug Code (NDC) | National Drug Unit Count | Prescription Number | Drug Unit Price | Code Qualifier | Action              |
|--------------------------|--------------------------|---------------------|-----------------|----------------|---------------------|
| 49281037815              |                          |                     |                 |                | <a href="#">Add</a> |

[Back](#) [Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#)

**Add to Claim and  
Return to Claim Entry**

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1. Enter required fields:
  - **Units or Basis for Measurements**
  - **National Drug Code (NDC) Number** without the dashes.
2. Click **Add to Click and Return to Claim Enter.**


## Line Item Data Tab: Add Line Item Data


Claim Data A Claim Data B Insurance Data **Line Item Data** [Medicare](#)

You **must** click the "Add Line Item" button for **every line** you enter before you move to the next page, or the line will be lost.

**Line Item Data** [Add Addtl](#)

\*Revenue Code:  \*Units of Service:

Procedure Code:  First Date of Service:  

Modifier 1:  Through Date of Service:  

Modifier 2:  Non-Covered Charges: \$

Modifier 3:  Accommodation Rate: \$

Modifier 4:  \*Charges: \$

**Add Line Item** \*denotes required field

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Slide 21

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1. Enter all required fields:

- **Revenue Code**
- **Units of Service**
- **Charge Amount**

2. Click **Add Line Item**.

# Institutional Claim: Review Claim

The screenshot shows a web-based form for reviewing institutional claims. The form is organized into four main sections, each with a red circular number in the right margin:

- 1. Patient Account Data:** Includes fields for Patient Name, Date of Birth, Sex, and other identifying information.
- 2. Diagnosis Codes:** Includes fields for Occurrence, Condition, and Value codes.
- 3. Insurance Information; Payer detail:** Includes fields for Payer Name, Policy Number, and other insurance-related details.
- 4. Line Item Data:** Includes fields for Procedure codes and Modifiers.

A **Submit** button is located at the bottom right of the form.

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This review page is very similar to the CMS1500 review page, is divided into sections Four of information to include:

1. **Patient Account Data**
  - Member information
  - Institutional claim data
2. **Diagnosis Codes**
  - Occurrence, Condition and Value codes
  - Treatment authorization
  - Procedure codes
3. **Insurance Information; Payer detail**
4. **Line Item Data**
  - Revenue codes
  - Procedure codes and Modifiers

If you find any data entry errors , you can use the **Edit** link to return to the appropriate data entry window to make changes.

If all the data looks correct, click **Submit**.

# Institutional Claim: Confirmation Page

The screenshot shows a web application interface for managing institutional claims. At the top, there is a navigation bar with various menu items. Below the navigation bar, the main content area displays a table with columns for Transaction Control Number, Status of the Claim, and Exceptions. The table contains multiple rows of data, each representing a specific claim. A button labeled 'Return to Claims' is located in the top right corner of the page.

Slide 23

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After submitting the claim, this page displays the following information:

- Transaction Control Number (claim number)
- Status of the Claim
- Exceptions that have posted to the claim

The hospitals that have high dollar claims can enter the claim, submit, review the exception code, and resubmit until the claim pays.

This will allow you to know exactly how much you will receive at the next payment cycle.

You can click **Return to Claims** to review any claims .

## Additional Claim Detail: Exception Code Review

Georgia Health Partnership

Home Provider Information Member Information Directories My Workspace Claims Eligibility

Search: [Search] [Go]

Transaction Control Number: 307127000000010161  
Claim Status: 1 - For more detailed information see Member's advice  
Member ID: [Member ID]  
Member Name: [Member Name]

| Claim Line   | Status | Exception Codes | Description                          |
|--------------|--------|-----------------|--------------------------------------|
| Claim Header | Denied |                 |                                      |
| Line 1       | Denied | H01<br>G01      | H01-VAR/VICE<br>G01-REFERRAL INVALID |

Back [Go] [Go]

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Click  
Exception Code

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Slide 24

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The additional claim detail information table provides the exception code that apply to the claim.

- Click the **Exception Code.**



## View a Claim: Exception Code Detail



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When viewing a Claim:

1. Click **Back** to go back to the claim.
2. Compare the data you've entered with the patient data you have recorded.
3. Review the exception code 5040, and the explanation displayed as description.

## In Summary

- ☐ Access and Submit a UB04 Web Claim
- ☐ Access Claim Data A Tab
  - ☐ Add the Member and Claim Data
  - ☐ Add Supplemental Information from EOB
- ☐ Access Claim Data B Tab - Add the Diagnosis and Occurrence Code Data
- ☐ Access the Insurance Data Tab - Add Insurance Data
- ☐ Access the Line Item Tab - Add Line Item Data (NDC)
- ☐ View Claim Information and Exception Codes

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